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ABSTRACT

This study explores the influence of cognitive development and health self-perception on Brazilian students' beliefs on the causes of health and illness. Ninety-six randomly selected elementary and junior high school students from two schools in the north area of Rio De Janeiro County were interviewed individually by an investigator. Subjects who were classified as functioning at the concrete operational level and as having a good health self-perception attributed health and illness significantly less to uncontrollable events (e.g. "luck"), immanent justice (e.g. "obedience"), and powerful others (e.g. "doctor care") than did their respective counterparts. The overall findings of this investigation were congruent with the age, school grade level, and cognitive development literature of the areas, suggesting that there seems to be more cross-cultural commonalities than differences in children's causal attribution for health and illness. Health promotion initiatives should teach children to develop not only a sense of self-responsibility toward their own health, but also a realistic awareness of the factors that affect both health and illness (Contains 7 references.) (RJM)

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Causal Attributions for Health and Illness: Some Predictor Variables

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ABSTRACT

The contribution of cognitive development and health self- perception on Brazilian students' causal attributions for health and illness was explored. Subjects were interviewed individually and their causal attributions for health and illness were assessed through 14 true-false items (e.g., people stay well because they are lucky). Measures of both cognitive development and health self-perception were also administered as a part of the interview. Chi-Square analyses revealed that cognitive development and health self-perception were significantly associated with certain causal attributions for health and illness. Findings are discussed in terms of their implications for health promotion.

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Causal Attributions for Health and Illness: Some Predictor Variables

Understanding children's causal attributions for health (e.g. "staying well") and illness (e.g., "getting sick") as well as identifying variables which influence such attributions have been considered important for the development of adequate health preventive programs and educational strategies (Green & Bird, 1986; Skelton & Croyle, 1991). Investigations have predominantly been carried out in developed countries and have concentrated on examining the impact of socio-demographic variables (age, SES, school grade level and gender) on these causal attributions (Green & Bird, 1986; Boruchovitch, 1993). In line with that, the present study is a cross-cultural investigation of causal attributions for health and illness in relation to cognitive development and health self-perception among Brazilian students.

Sublects

The sample was composed of 96 randomly selected elementary and junior high school students from 32 classrooms of two Brazilian schools (one public and one private) from the north area of Rio de Janeiro County. Participants were from middle and low SES and from both sexes, and ranged in age from 6 to 14 years old.

Methods

Subjects were interviewed individually by the principal investigator. Questions about their causal attributions for health and illness were based on Green & Bird's (1986) study and consisted of 14 statements: seven about causes of health and seven about causes of illness, written in a true-false format (e.g., people stay well because they are lucky). Measures of both cognitive development (15 Piagetian tasks) and health self-perception (14 Likert-scale type of items) were also administered as a part of the interview. Scoring rules to analyze the data were developed. Subjects were classified as functioning at the preoperational or concrete operational level, and as having a good or a bad health self-

perception according to their performance on the aforementioned measures.

Results

Chi-Square analyses revealed that cognitive development and health self-perception were significantly associated with certain causal attributions for health and illness ($p < .05$). Participants who were classified as preoperational and bad health self-perception attributed health significantly more to factor such as "Luck", "Doctor Care", "Born that Way" and "Obedience" than did concrete operational and good health self-perception subjects. Illness was significantly more ascribed to "Lack of Luck" by both preoperational and bad self-perception respondents. Preoperational participants also attributed illness significantly more to "Born That Way" than did their concrete operational counterparts.

Though not significant, preoperational participants were less inclined towards associating illness with "Virus/Germs" than did concrete operational subjects. Preoperational and bad health self-perception subjects were also more prone to relate illness to "Disobedience" and to "Bad Weather" than were their respective counterparts, but these findings did not approach significance, either.

Conclusion

Subjects who were classified as functioning at the concrete operational level and as having a good health self-perception attributed health and illness significantly less to uncontrollable events (e.g., "Luck"), to immanent justice (e.g., "Obedience") and to powerful others (e.g.,"Doctor Care") than did their respective counterparts.Though there are no studies regarding the contribution of health self-perception on causal attributions for health and illness, overall findings of this investigation were congruent with the age, school grade level and cognitive development-related literature of the area. Studies indicate that with age, advancement in school and cognitive maturity, subjects move away from more fatalistic and self-blame orientations towards more realistic appraisals of the factors associated with health maintenance, illness causality, and prevention (Nagy,1951; Blos,1956; Rashkis,1965; Kister & Patterson, 1980). Similarly to age, SES, and school grade level, (Green & Bird, 1986; Boruchovitch, 1993), cognitive development and health

self-perception also proved to be good predictors of children's causal attribution for health and illness. Moreover, this study suggests that there seems to be more cross-cultural commonalities than differences in children's causal attribution for health and illness.

At a time when prevention of many diseases appears to be within the human control through one's adherence to a health life-style, health promotion initiatives should help children to develop not only a sense of self-responsibility toward their own health, but also a realistic awareness of the factors that affect both health and illness, but which are not necessarily within their own control.

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